

Form TT-14

Commonwealth of Virginia
Monthly Report of Non-Resident Cigarette Stamping Agent
For Periods Beginning On or After October 1, 2004

This report must be filed with the Department of Taxation between the first and tenth day of each month covering shipment into or delivery in Virginia of all cigarettes, including cigarettes imported into the United States, received during the preceding month. Also attach information on cigarettes imported into the United States as required by § 58.1-1034 of the Code of Virginia. A copy of this report should be retained for your records.

Name	Permit Number	Mail To: Department of Taxation P. O. Box 715 Richmond, VA 23218-0715
Trading As		
Number And Street		
City or Town, State, ZIP Code		

Month of _____, _____

	Packages of 20's	Packages of 25's
1. Tax value of Virginia cigarette revenue stamps affixed to cigarettes in inventory first day of month	\$	\$
2. Tax value of Virginia cigarette revenue stamps affixed to cigarettes during month	\$	\$
3. Total of Lines 1 and 2	\$	\$
4. Less tax value of Virginia cigarette revenue stamps affixed to cigarettes in inventory last day of month	\$	\$
5. Tax value of stamped cigarettes shipped into or delivered in Virginia during month (Line 3 minus Line 4).	\$	\$
6. Gross tax value of Virginia cigarette revenue stamps on hand (unaffixed) first day of month	\$	\$
7. Gross tax value of Virginia cigarette revenue stamps received during month (From Schedule B)	\$	\$
8. Total of Lines 6 and 7	\$	\$
9. Less gross tax value of Virginia cigarette revenue stamps on hand (unaffixed) last day of month	\$	\$
10. Total tax value of Virginia cigarette revenue stamps used during month (Line 8 less Line 9)	\$	\$
11. Difference between Lines 2 and 10 - (Provide an explanation for the difference)	\$	\$

By _____
Signature and Title

_____ Date

_____ Telephone

_____ Name Printed

_____ Email Address

If the qualified stamping agent is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if a sole proprietorship, the proprietor must sign. For assistance contact: **Virginia Department of Taxation, P. O. Box 715, Richmond, VA 23218-0715 or call (804) 786-3503 or visit our web site at www.tax.virginia.gov.**

Schedule A
Stamped Cigarettes Shipped Into or Delivered in Virginia During Month
(Include Cigarettes Imported From Outside the United States)

Invoice Date	Invoice Number	Date Shipped or Delivered	To Whom Shipped or Delivered (Name and Address)	Tax Value Packages of 20's		Tax Value Packages of 25's		Invoice Date	Invoice Number	Date Shipped or Delivered	To Whom Shipped or Delivered (Name and Address)	Tax Value Packages of 20's		Tax Value Packages of 25's	
				\$		\$		Brought Forward				\$		\$	
								Total tax value of stamped cigarettes shipped into or delivered in Virginia during month				\$		\$	
Total (Carry Forward)				\$		\$		Total Cigarette Purchases				\$			

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Schedule B Virginia Cigarette Revenue Stamps Received During Month			
Date Received	Statement Number (From Form TT-3)	Gross Tax Value of Each Order (From Line 5, Form TT-3)	
Total gross tax value of stamps received during month (Enter on Line 7, Page 1)		\$	

Schedule C							
Unstamped Cigarettes Shipped Into Or Delivered In Virginia During Month							
(As authorized under Section 58.1-1010 of the Virginia Cigarette Tax Act)							
(Include Cigarettes Imported From Outside the United States)							
Invoice Date	Invoice Number	Date Shipped or Delivered	To Whom Shipped or Delivered (Name and Address)	Tax Value Packages of 20's		Tax Value Packages of 25's	
				\$		\$	
Total tax value of unstamped cigarettes shipped into or delivered in Virginia during month. (Use plain continuation sheets, if needed)				\$		\$	

Schedule D
Stamping Agent's Monthly Report of Virginia Stamped Cigarettes
By Non-Participating Manufacturer's Brand Family

Mail To:
Department of Taxation
P. O. Box 715
Richmond, VA 23218-0715

- List all cigarettes stamped with a Virginia tax stamp for the report month.
- This form should be used for **Non-Participating Manufacturers (NPM)**.

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Reporting Month / Year: _____ Your Permit Number: _____

Your Business Name: _____

(A)	(B)	(C)		(D)	(E)	(F)
Brand Family/Name	Number of Packs Stamped	Pack Size		Manufacturer (Name And Address)	From Whom Brand Was Purchased (Name And Address)	First Importer Of Foreign Manufactured Product (Name And Address)
		20	25			
Total Packs						

Under penalty of perjury, I hereby declare that this report is true and correct.

Signature and Title

Date

Name Printed

Schedule E
Stamping Agent's Monthly Report of Virginia Stamped Cigarettes
By Participating Manufacturer's Brand Family

Mail To:
Department of Taxation
P. O. Box 715
Richmond, VA 23218-0715

- List all cigarettes stamped with a Virginia tax stamp for the report month.
- This form should be used for **Participating Manufacturers (PM)**.

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Reporting Month / Year: _____ Your Permit Number: _____

Your Business Name: _____

(A)	(B)	(C)		(D)	(E)	(F)
Brand Family/Name	Number of Packs Stamped	Pack Size		Manufacturer (Name And Address)	From Whom Brand Was Purchased (Name And Address)	First Importer Of Foreign Manufactured Product (Name And Address)
		20	25			
Total Packs						

Under penalty of perjury, I hereby declare that this report is true and correct.

Signature and Title

Date

Name Printed